IN THE UNITED STATES DISTRICT COURT WESTERN DISTRICT OF ARKANSAS FORT SMITH DIVISION

HUGHIE DON CHANCEY, JR.

PLAINTIFF

v.

Civil No. 06-2057

SHERIFF REED HAYNES, Franklin County, Arkansas; MARGARET LEWIS, Administrator, Franklin County Detention Center; JOSH ROSS, Jailer, Franklin County Detention Center; MIKE HAMILTON, Jailer, Franklin County Detention Center; AND JOHN DOE JAILER

DEFENDANTS

ORDER

Plaintiff's complaint was filed in this case on May 11, 2006. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information with respect to his claims.

Accordingly, it is ordered that plaintiff, Hughie Don Chancey, Jr., complete and sign the attached addendum to his complaint, and return the same to the court by July 3, 2006. Plaintiff is advised that should he fail to return the completed and executed addendum by July 3, 2006, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.

IT IS SO ORDERED this 1st day of June 2006.

/s/ Beverly Stites Jones
UNITED STATES MAGISTRATE JUDGE

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ADDENDUM TO COMPLAINT

TO: HUGHIE DON CHANCEY, JR.

This form is sent to you so that you may assist the court in making a determination as to the issue of whether your complaint should be served upon the defendants. Accordingly, it is required that you fill out this form and send it back to the court **by July 3, 2006** Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

RESPONSE

In your complaint, you allege that your constitutional rights were violated when you were incarcerated at the Franklin County Detention Center. You state you were not provided your blood pressure medication and other prescription medications for a week. When you were

released, you state that you were told that the detention center had paid for the prescription
medications and you could not have them. You also indicate you fell and broke two ribs as a
result of not being medicated.
1. Provide the dates of your incarceration at the Franklin County Detention Center
(FCDC).
Answer:
2. Please state why you were incarcerated at the FCDC. Were you incarcerated solely
because of pending criminal charges or were you serving a sentence or had your probation,
parole, or supervised release been revoked?
Answer:
3. You indicate you were not provided with your prescription medication for one week.
3. You indicate you were not provided with your prescription medication for one week. Please state: (a) what prescription medications you are referring to; (b) whether you brought

medications were prescribed for; (d) whether you had been taking these medications on a dail
basis; and (e) what doctor had prescribed the medications.
Answer:
4. Did the FCDC have a jail nurse or a jail doctor?
Answer: Yes No
If you answered no, please state: (a) who handled requests for medical treatment; (b)
when you first requested medical treatment and/or prescription medication; (c) who responde
to your request; and (d) what the response was.

5 X	You indicate you were taken to the emergency room. Please indicate: (a) what day
<i>J</i> . 1	ou indicate you were taken to the emergency room. Trease indicate. (a) what day
you were tak	ken to the emergency room; (b) what medical condition caused you to be taken there
(c) who mad	le the decision that you should be taken to the emergency room; and (d) whether you
received all	treatment ordered by emergency room personnel.
Ansv	wer:

6. You indicate you fell and broke two ribs. Please state: (a) the day this occurred; (b) how you happened to fall; (c) when you received medical treatment following your fall; (d) who you received medical treatment from; and (e) whether you received all medical treatment ordered. Answer:	
you received medical treatment from; and (e) whether you received all medical treatment ordered.	6. You indicate you fell and broke two ribs. Please state: (a) the day this occurred; (b)
ordered.	how you happened to fall; (c) when you received medical treatment following your fall; (d) wh
	you received medical treatment from; and (e) whether you received all medical treatment
Answer:	ordered.
	Answer:

7. You have named Sheriff Reed Haynes as a defendant. However, you have not
described any actions taken by him or indicated how you believe he personally violated your
federal constitutional rights. Please describe in detail how Sheriff Haynes violated your federal
constitutional rights.
Answer:
8. You have named Margaret Lewis as a defendant. However, you have not described
any actions taken by her other than the fact that she would not allow you to have the prescription
medication when you left the detention center. Please describe in detail how Margaret Lewis
violated your federal constitutional rights.
Answer:

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9. You	u have named Josh Ross as a defendant. However, you have not described an
actions taken	by him or indicated how you believe he personally violated your federa
constitutional	rights. Please describe in detail how Josh Ross violated your federal constitutions
rights.	
Answe	ar:

10. You have named Mike Hamilton as a defendant. However	you have not described
any actions taken by him or indicated how you believe he personal	ly violated your federa
constitutional rights. Please describe in detail how Mike Hamilto	n violated your federa
constitutional rights.	
Answer:	

11. You have named a John Doe Jailer as a defendant. However, you have not described
any actions taken by him or indicated how you believe he personally violated your federal
constitutional rights. Please describe in detail how the John Doe Jailer violated your federal
constitutional rights. Also provide the court with any information you may have that will assist
in identifying this individual.
Answer:
12. Please state how long you went without your prescription medication.
Answer:

13. Did you suffer any physical injury or symptoms as a result of being without your
prescription medication?
Answer: Yes No
If you answered yes, please describe: (a) the physical injuries you suffered; (b) the
symptoms you experienced; (c) the severity of those symptoms; (d) whether you sought, or
received, any medical treatment as a result of the injuries; and (e) how long it took you to
recover.

I CERTIFY THAT THE INFORMA	ATION CONTAINED HEREIN IS COVERED BY
THE VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.	
	HUGHIE DON CHANCEY, JR.
	DATE